

State of Nebraska
 Department of Health and Human Services
 Regulation and Licensure
 Credentialing Division
 PO Box 94986
 Lincoln NE 68509-4986 ♦ (402) 471-2118

**Request for Certification of Physician
 Assistant Licensure**

Applicant: Complete the top portion of this form and submit to the licensing board(s) of each state that has issued you a license to practice as a physician assistant. (Make photocopy of blank form as necessary.) To avoid delays, contact each state prior to submitting this form to determine if fee is required. State boards should return certification directly to our office.

Your Name:	Last:	First:	Middle:	Maiden:
Date of Birth:		Daytime Phone:		
License Number:		Date License was Issued:		
Your Current Address:	Street/PO/Route:			
	City:	State:	Zip:	

Applicant should submit this form to licensing board of state where license was issued.

To Be Completed by State Board

The above-named individual requests that you certify the status of his/her physician assistant license in your state. The following information must be completed by an official of the state board and returned directly to the State of Nebraska. A substitute form may be used if it contains all information requested below.

Name as it appears on license:					
License Number:		Date Issued:		Expiration Date:	
Has the applicant's license ever been suspended?					Answer Yes or No
Has the applicant's license ever been revoked?					Answer Yes or No
Has the applicant's license ever had any other disciplinary action(s) taken against it?					Answer Yes or No
Is there any indication in your records that the applicant is not entitled to your endorsement?					Answer Yes or No
If answer to any of the preceding questions is yes, provide explanation and attach certified copy of action(s):					
Remarks:					

Name of state licensing agency:	
Address of state licensing agency:	
Name of person completing this form	
Title:	

Signature: _____ Date: _____

The State Licensing Agency Should Return this Form Directly To:

**Nebraska Dept of Health and Human Services
 Credentialing Division
 Attn: Physician Assistants
 PO Box 94986
 Lincoln NE 68509-4986**

(Seal of Board)

NOT VALID WITHOUT SEAL